

S&H001—Subcontractor Safety, Health and Radiological Requirements  
Attachment 7—RFETS Subcontractor Record of Respirator Training

This form documents approval of respirator training. Complete this form for each worker at RFETS who will be required to wear a respirator as part of the assigned work.

|   |                                 |  |  |
|---|---------------------------------|--|--|
| <b>Worker Name</b>  |                                 |  |  |
| <b>Social Security Number</b>   |                                 |  |  |
| <b>Company</b>  |                                 |  |  |
| <b>Documentation of Respirator Training</b><br>(To be completed by Training Organization)   |                                 |  |  |
| <b>Instructions to the Training Organization</b><br>Workers must be trained on each type of respirator that they may use, in compliance with the requirements of 29 CFR 1910.134. RFETS uses FOUR basic types of respirators: air purifying respirators (APR), Powered Air Purifying Respirators (PAPRs), PremAire supplied breathing air (SBA), and self contained breathing apparatus (SCBA). Training for MSA PAPRs and PremAire SBA is provided by RFETS.<br>In the chart below, specify (initial) at least one respirator type the worker has been trained to use, and the training expiration date ( <b>no later than 1 year from the date trained</b> ). |                                 |  |  |
| <b>Trainer's<br/>Initials</b>   | <b>Training Expiration Date</b> | <b>Respirator Type</b>                         |  |
|   |                                 | Air Purifying Respirator                       |  |
|   |                                 | Powered Air Purifying Respirator               |  |
|   |                                 | Self Contained Breathing Apparatus             |  |
|   |                                 | Training for Managers & Issuers of Respirators |  |
| <b>Training Organization Information</b>  |                                 |  |  |
| My signature below indicates that I am qualified to conduct respirator training and that the training I conducted complies with 29 CFR 1910.134.  |                                 |  |  |
| Trainer (Print)   |                                 |  |  |
| Company (if applicable)   |                                 |  |  |
| Address   |                                 |  |  |
| City  |                                 | State  | Zip  |
| Signature   |                                 |  | Date   |
| <b>When COMPLETE, forward to:</b>   |                                 |  |  |
| RFETS Occupational Medicine Department<br>10808 Hwy. 93, Unit B, B-122<br>Golden CO 80403-8200<br>Or FAX to: (303)966-2873  | <b>AND</b>                      |  | RFETS Training Records<br>10808 Hwy. 93, Unit B, B-131<br>Golden CO 80403-8200<br>Or FAX to: (303)966-5381 |